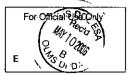
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 125 98 7	2. Fiscal Year Covered From:	
	[] / [ / 5 co 5] Through: [2 / 3] / 2025].	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Alex SZuack	Name LAGORERS LUCI #355	
	Labor Organization File Number [54] -50]	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 31500 E. Calumbia.	Street 1500 East Columbia Ae	
city Battle Creek	City Battle Creek	
State M   ZIP Code + 4 49014	State Michigan ZIP Code + 4 Happy	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sacking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name ;		
Trade Name, if any:		
BO B BL B V		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street	7.b. Amount.	
	7.b. Amount.	
Street	7.b. Amount.	
Street  City  State  ZIP Code + 4	7.b. Amount.	
Street  City  State  ZIP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	

, of Person Filing Alex Zuck	File Number U- 541-509
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name TIC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6525 Contractor Dative  City Ansing ZIP Code + 4 48917-1275	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Mi Laboreas Pension Frad.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6525 Centuation Daire  City Lansing  State MI ZIP Code + 4 48717-9275	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Annal International Conference Acimbus ment.
	12.b. Amount. 4,836.48
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.
Name	!
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

e of Person Filing Alex Zuce K	File Number U- 541-509
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name TIC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street G525 Contrains Daire  City LANSing ZIP Code + 4 48917-1275	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Mi Laborens Pension Frad.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 6525 Centurion Drive	
City LAnsing	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State ZIP Code + 4 48917.9275	Board of Trustee meeting milege check Turned over to the Local.
,	12.b. Amount. 43.55
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
Cdy	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	1.13.7 should of payment.

e of Person Filing Alex Zurek	File Number U- 541-509
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name TIC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 6525 (Cotuation Daire)  City Ansing ZIP Code + 4 48917-1275	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name M. Laborens Health Care Frod.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street 6525 Contunion Drive  City LANSING  State MT ZIP Code + 4 48717.9275	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Board of Trustee militye  Acimbrisement Turned over  To Local . 3.55.
,	12.b. Amount, 25.33
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Michigan Laborers' Health Care Fund Michigan Laborers' Pension Fund Michigan Laborers' Annuity Fund Michigan Laborers' Vacation Fund Michigan Laborers' Training and Apprenticeship Fund Michigan Laborers' and Employers' Cooperation & Education Trust Funds Managed for the Trustees by: TIC International Corporation

### Michigan Laborers<sup>2</sup>

## Fringe Benefit Funds

6525 Centurion Drive ■ Lansing, MI 48917-9275 **□** (517) 321-7502 **□** Fax (517) 321-7508 Toll Free 877-MI-LABOR (877-645-2267) ■ www.michiganlaborers.org

April 6, 2006



Alex Zurek Local Union 355 1500 East Columbia Avenue Battle Creek, MI 49014

RE: MICHIGAN LABORERS' HEALTH CARE AND PENSION FUNDS

Information on Expenses Paid by the Fund

Dear Alex:



Michigan Infrastructure &

Transportation Association

As you are aware, the U.S. Department of Labor issued a statement on June 22, 2005, dealing with *Trusts and Form LM-30 and Form LM-10*, which indicates that a Union officer and/or employee must report on Part B of the Form LM-30 "any interests in, transactions with, or income or other benefits (*including reimbursed expenses*) from the trust". That statement, which includes questions and answers, can be found at:

www.dol.gov/esa/regs/compliance/olms/LM30\_LM10\_Trusts\_Info.htm

After consulting with the Fund's Legal Counsel, we have once again prepared for your information the enclosed summaries of expenses paid by the Funds to you or on your behalf in calendar year 2005 or accounted for by you in 2005.

Sincerely,

James E. Schreiber

Administrative Manager

Amelian

JES/mak

Enclosures

Xc: Christopher Legghio



#### MICHIGAN LABORERS' PENSION FUND

#### TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

#### ALEX ZUREK

CHECK DATE	PAYEE	AMOUNT	PURPOSE
12/20/2004	International Foundation	\$960.00	Regist fee - Annual Conference 11/05
8/8/2005	International Foundation	\$590.00	Pre-conference fee - Annual Conf 11/05
10/12/2005	Alex Zurek	\$3,000.00	Travel Advance - Annual Conf 11/05
2/10/2006	Alex Zurek	\$286.48	Additional Travel - Annual Conf 11/05
TOTAL		\$4,836.48	
3/11/2005	Alex Zurek	\$6.07	3/11/05 Spec Called Ben Rev Co Mtg
3/17/2005	Alex Zurek	\$6.07	3/17/05 Invest Co Mtg - Transportation
3/18/2005	Alex Zurek	\$6.08	3/18/05 BOT Meeting - Transportation
5/20/2005	Alex Zurek	\$6.08	5/20/05 BOT Meeting - Transportation
8/19/2005	Laborers' Local 355	\$5.67	8/19/05 BOT Meeting - Transportation
11/7/2005	Laborers' Local 355	\$13.58	11/4/05 BOT Meeting - Transportation
TOTAL		\$43.55	

#### MICHIGAN LABORERS' HEALTH CARE FUND

#### TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2005 THROUGH DECEMBER 31, 2005

#### ALEX ZUREK

CHECK DATE	PAYEE	AMOUNT	PURPOSE
3/30/2005	Alex Zurek	\$6.08	3/30/05 BOT Meeting - Transportation
8/18/2005	Laborers' Local 355	\$5.67	8/18/05 BOT Meeting - Transportation
11/3/2005	Alex Zurek	\$13.58	11/3/05 BOT Meeting - Transportation
TOTAL		\$25.33	